



WASHOE COUNTY SCHOOL DISTRICT

Assisting Students with Medication Procedure (HEA-P200)

1.0 SCOPE:

- 1.1 This procedure describes the process for the administration of medically necessary prescription and non-prescription medication to WCSD students by WCSD personnel.

The online version of this procedure is official. Therefore, all printed versions of this document are unofficial copies.

2.0 RESPONSIBILITY:

- 2.1 Director, Student Health Services Department

3.0 APPROVAL AUTHORITY:

(Approval signature on file)

- 3.1 Director, Student Health Services Department

Signature

Date

4.0 DEFINITIONS:

- 4.1 **ISMP - Institute for Safe Medication Practices**
- 4.2 Licensed Health Care Provider (LHCP)- a licensed physician, physician assistant, dentist, podiatric physician or advanced practitioner of nursing
- 4.3 NAC - Nevada Administrative Code
- 4.4 NRS - Nevada Revised Statutes
- 4.5 OTC – Over-the-counter
- 4.6 PRN - As needed
- 4.7 Unlicensed Assistive Personnel (UAP) – A Washoe County School District (WCSD) employee who has been trained and deemed qualified by the school nurse to perform specific nursing tasks in accordance with the mandates of NRS/NAC 632, the Nevada Nurse Practice Act

5.0 PROCEDURE:

- 5.1 Parents/guardians should make every effort to avoid the necessity of medicating students during the school day and, whenever possible, parents/guardians should develop medication schedules that provide for the administration of medication before or after school hours.
- 5.2 When there is no reasonable alternative and students are required to take prescription or non-prescription medication during school hours, with assistance from school personnel, there must be on file in the school health office an appropriate medication consent form (HEA-F205, HEA-F220, or HEA-F121), signed by the parent/guardian.
 - 5.2.1 A parent/guardian, who is an LHCP, and whose child needs administration of medication or provision of nursing services by WCSD personnel, may not authorize or prescribe these services.
- 5.3 When a Medication Consent form is received with the properly labeled medication, the school nurse will note in Infinite Campus that consent and medication have been received.
 - 5.3.1 School nurse will note name of medication, dose of medication, time medication is to be given, prescribing LHCP, and route of medication in IC.

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- 5.4 All medications or pharmaceuticals stored and/or administered by school personnel must be prescribed within their therapeutic range and in compliance with accepted standards of safe treatment regimens.
- 5.5 In situations where the prescribed medication or pharmaceutical is “off-label” or non-FDA approved, Student Health Services Administration, in consultation with school nurse, may request information from the LHCP that supports the safe administration of the medication or pharmaceutical by school personnel, including but not limited to: peer-reviewed or published reports of use in children with the specified condition; verification that a test dose has been administered and the student experienced no adverse reactions; and/or verification that the medication or pharmaceutical has been scientifically researched for efficacy and safety and drug interactions with the student’s other medications or pharmaceuticals are not anticipated.
- 5.5.1 A pharmacy label will be used as the LHCP order. Over-the-counter medication, diabetes medication, and anaphylaxis medication requires a LHCP order. The pharmacy label should contain:
- a. Student’s Name
 - b. Name of Medication
 - c. Dose
 - d. Route
 - e. Frequency
 - f. PRN Indications
 - g. Prescribing LHCP
- 5.5.2 Prescriptions for PRN medications must include the specific indications, symptoms, or parameters for administering the medication.
- 5.5.3 If prescription (pharmacy) label does not have the specific indications, symptoms, or parameters for administering medication, school nurse will contact prescribing physician for information by phone or by sending out the Medication Clarification Letter (HEA- 215).
- 5.5.3.1 Only the school nurse may contact the LHCP’s office in order to clarify or update a student’s medication prescription.
- 5.5.3.2 In order for a PRN medication to be delegated by the school nurse to a UAP, the indications, symptoms, or parameters for administration of the medication must be specific and measurable or quantifiable and then noted by the school nurse on the student’s medication log (HEA-F203, or, HEA-F180, HEA-F181, or HEA-182)
- 5.5.3.3 If a PRN medication prescription notes generic symptoms such as “asthma,” and/or a range of doses and or frequencies such as “1-2 puffs q 3-4 hours,” the school nurse will indicate on medication log specific directives regarding symptoms, doses(s), and/or frequency of medication administration. School nurse to give directive to start with lowest does prescribed and increase per prescription if needed.
- 5.5.3.4 If the student is unable to reliably self-report symptoms the school nurse will gather evidence from the LHCP, parents, and teacher, and by direct observation, in order to make a professional judgment regarding the parameters for administration of a PRN medication.
- 5.5.3.5 If nursing judgment, observation or assessment is needed in order to identify or verify the indications for administration of the PRN medication, then the medication

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cannot be delegated to an unlicensed school employee; examples may include psychotropic or behavior medications.

- 5.5.4 In order for over-the-counter (OTC) medication to be delegated or given by the school nurse, an order from the LHCP is required.
- 5.6 The parent/guardian is responsible for providing all student medications and medical equipment.
 - 5.6.1 At no time may a student's medication(s) or equipment be used for any other student.
- 5.7 Under the Nevada Nurse Practice Act, NRS 632 & NAC 632, the Nevada Board of Nursing School Nurse Regulation and Advisory Opinion the school nurse is solely responsible for managing, delegating, and monitoring student medications.
 - 5.7.1 Medications may not be administered to any student by a CA (clinical aide) or other school employee unless the employee has been trained and delegated to do so by the school nurse.
 - 5.7.2 The CA or UAP will contact the school nurse prior to administering a newly-prescribed medication and anytime there is a change in dosage or times for a currently prescribed student medication
 - 5.7.3 There can be no deviation from the physician's written medication prescription or medication administration instruction on medication log without prior consultation with the school nurse.
 - 5.7.3.1 Errors in medication administration must be immediately reported to the school nurse who will immediately notify Student Health Services administration and then forward the signed, completed "Medication Error Report" form (HEA-F201) to Student Health Services via school mail.
 - 5.7.4 In cases where students require assistance with medications during field trips and off-campus district-sponsored activities, school employees are to adhere to the directives outlined in "Nursing and Health Services for WCSD Students Attending Field Trips."
- 5.8 WCSD employees delegated to give medications or licensed to give medications must, at all times, administer medications to students in accordance with the directives of WCSD work instruction (HEA-W200), "Required Steps When Assisting Students with Medication," (HEA-W200).
- 5.9 In order to ensure that the CA or other school employee is able to demonstrate competence in administration of medication to students, the school nurse will carry out medication training at least once yearly and as needed throughout the school year.
- 5.10 Retraining by the school nurse or by Student Health Services Department will occur as needed to ensure understanding and competence in administration of student medications on the part of the CA or other UAP.
- 5.11 The school nurse will document evidence of training and delegation of medication administration on the appropriate training form (HEA-F210, HEA-F135, or HEA-F402) and document in the IC "Nurse Documentation" tab that training and delegation has been completed.
- 5.12 The school nurse or CA will inform each students receiving medication of the health office rules and expectations.

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- 5.13 Once the student's medication and the completed medication consent form (HEA-F205, HEA-F220, or HEA-F121) has been received, the school nurse is to fill out a separate appropriate medication log (HEA-F203 or HEA-F100) for each medication.
- 5.13.1 Each medication log (HEA-F203 or HEA-F100) is to be reviewed and co-signed by the school nurse within 4 school days and kept in a separate, labeled medication binder until the end of the school year or until the medication is discontinued or changed.
- 5.13.2 If the same medication is to be administered more than once each school day, there must be a separate, appropriate medication log (HEA-F203 or HEA-F100) completed for each time the medication is given.
- 5.13.3 In addition, students who take more than one type of medication at school must have consent form (HEA-F205, HEA-F206, HEA-F220, or HEA-F121) and medication log (HEA-F203, HEA-F180, HEA-F181, or HEA-F182) completed for each medication.
- 5.13.4 Once the medication has been discontinued, completed, or at the end of the school year, the appropriate medication consent form and the student's individual medication log (HEA-F205, or HEA-F121) (HEA-F203, HEA-F180, HEA-F181, or HEA-F182) are scanned and uploaded into the student's digital file.
- 5.14 The CA may fax an appropriate medication consent form for over-the-counter medication (HEA-F205, HEA-F220, or HEA-F121) to the LHCP, including the student's name, date of birth, and other identifying information of the student, but may not note any medication specific-information on the form.
- 5.15 The student's medication will not be given if either the parent/guardian or the LHCP discontinues the medication.
- 5.15.1 The school nurse will notify the LHCP any time a student's medication is discontinued by the parent/guardian and will notify the parent/guardian any time a student's medication is discontinued by the LHCP.
- 5.15.2 When a medication has been discontinued, the CA or school nurse will notify the parent/guardian by phone and in writing that the medication(s) will be disposed of if not picked up by the parent/guardian within 7 school days.
- 5.15.3 If a discontinued medication has not been picked up by the parent/guardian within 7 school days, the medication will be disposed of according to the directives in Section 5.26 of this document.
- 5.15.4 A new, appropriate medication consent form (HEA-F205, HEA-F220, or HEA-F121) is required before a medication that was discontinued can be restarted.
- 5.16 Each student's medication must be placed in a separate container with a current picture of the student affixed to the outside of the container.
- 5.17 With the exception of emergency medication such as epinephrine auto injectors and albuterol inhaler, all medications, including those that are refrigerated, are to be kept in a locked cabinet, drawer, or lockbox. **At no time should medication be left unsupervised on a desk or counter top.**

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- 5.18 In accordance with Nevada SB 453, Epinephrine auto injectors kept in the health office or other areas of the school campus must be stored in a safe, secure cabinet or drawer that is kept unlocked during school hours.
- 5.19 The WCSD has a responsibility to make every reasonable attempt to ensure that each student receives his/her medication(s).
- 5.19.1 If a student does not present to the health office for his/her medication at the specified time, he/she is to be called, with discretion, to the school health office.
- 5.19.1.1 The ISMP recommends for medications that are non-time-critical to be given up to 1 hour before or 1 hour after the scheduled time.
- 5.19.1.2 The UAP is to withhold the medication and notify the school nurse immediately if the medication is not administered within the span of time required.
- 5.19.2 Each school must have a back-up plan in place for assisting students with medication, should the CA be absent.
- 5.19.3 The back-up plan must include the designation of a willing school employee who is trained and authorized by the school nurse to administer student medications.
- 5.20 With the permission of a parent/guardian, students in grade 6 through 12 may self-medicate except for controlled substances. Students in grades 6-12 may possess medication on district property. Medication must be properly labeled at all times. The medication shall be kept in the labeled container which includes the name of the student to receive the medication, the name and dosage of the medication, the name of the licensed prescribing practitioner, and the instructions for administration. For over-the-counter medication, the medication needs to be in the original container. Under no circumstances may a student provide medication to any other student. For student grade 3-5 school nurse and parent can consult with each other about the maturity of the student and the students understanding for medication responsibilities, if the student would be allowed to self-medicate
- 5.20.1 Parents/guardians may entrust a student with transporting a medication from home to the school health office, provided the student is capable of doing so safely and the medication container remains inside the student's backpack at all times.
- 5.20.2 With the exception of diabetes and rescue medications, school personnel may not entrust a student to transport medications from the school health office to the home.
- 5.20.3 Diabetes and rescue medications will be sent home on the last day of school with student. School nurse will notify parent/guardian that medication is being sent home and document the parental/guardian notification in IC, school nurse documentation.
- 5.20.4 At least 7 school days prior to the end of the school year, the CA or school nurse will notify the parent by phone and in writing that all medications must be picked up by the day after the last day of the school year.
- 5.20.4.1 If the student is attending a summer program, and the medication must be administered during summer program hours, the parent must pick up medications by the last day of the summer program or they will be disposed of.
- 5.21 If the medication has not been picked up by the day following the last day of the school year, the school nurse and the CA, or other WCSD school employee, will destroy and dispose of the

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medication.

- 5.22 Oral medications must be crushed, mixed with rubbing alcohol, "kitty litter," or coffee grounds, and then disposed of in the bio-hazardous waste box.
- 5.23 Injectable medications are to be placed intact into the bio-hazardous waste box.
- 5.23.1 The school nurse or CA will document the date and amount of medication destroyed on page two of the appropriate medication log (HEA-F203 HEA-F180, HEA-F181, or HEA-182) and have the witnessing WCS D employee co-sign the documentation.
- 5.24 Medications for field trips should be kept in the original container the pharmacy has labeled with the students name, medication name, dose, route, and time medication is to be administered. Keeping medication in the original container reduces risk of violation of federal laws regarding controlled substances.
- 5.24.1 If school nurse chooses to only send the amount of medication that is needed for the field trip in the pharmacy labeled bottle, the school nurse will put rest of the medication in a container (baggie/envelope) with the student's name, name of medication, dose, route and time medication is to be given. The baggie/envelope will be placed in the locked medication cabinet in the student's medication bin. The school nurse will return the medication to the original medication bottle once it has been returned after the field trip.
- 5.25 The clinical aide can give medication prepared by the school nurse for a field trip to the delegate.
- 5.25.1 CA and delegate will note the number of pills that the delegate has in the labeled bottle at the time of check out and again at the time of check in. Note will be make on back of medication log. CA and delegate with co-sign the note.
- 5.25.2 Confidential Field Trip Delegation Plans (HEA-F106) are to be filled out for each field trip and noted in IC. If a student has multiple field trip in a week and the same delegate will be giving the medication the same Confidential Field Trip Delegation Plan can be used. The new location and date is to be added to the form in the appropriate place. Any additional dates of locations need to be noted in IC.

6.0 ASSOCIATED DOCUMENTS:

- 6.1 Required Steps When Assisting a Student with Medication (HEA-W200)
- 6.2 Medication Error Report (HEA-F201)
- 6.3 <https://www.ismp.org/guidelines/timely-administration-scheduled-medications-acute>
- 6.4 NAC 632 - <http://www.leg.state.nv.us/nac/NAC-632.html>
- 6.5 NRS 632 - <http://www.leg.state.nv.us/nrs/nrs-632.html>
- 6.6 Nevada School Nurse Regulation and Advisory Opinion - <http://nevadanursingboard.org/wp-content/uploads/2014/07/School-Nurse-PD-revised-6.10.141.pdf>
- 6.7 Nursing and Health Services for WCS D Students Attending Field Trips Procedure (HEA-P100)

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6.8 Student Medication Log (HEA-F203, HEA-F180, HEA-F181, or 182)

6.9 Medication Consent Form (HEA-F205, HEA-F220, or HEA-F121)

7.0 RECORD RETENTION TABLE:

<u>Identification</u>	<u>Storage</u>	<u>Retention</u>	<u>Disposition</u>	<u>Protection</u>
Consent & Request for Medication Assistance During School Hours	Student School Health Folder	7 Years after Student's Expected Date of Graduation	Shred/Destroy	Locked File or School Health Office
Student Medication Log	Student School Health Folder	7 Years after Student's Expected Date of Graduation	Shred/Destroy	Locked File or School Health Office

***** End of procedure *****